U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

## "FEE ADDRESS" INDICATION FORM

Address to: Mail Stop M Correspondence Commissioner for Patents P. O. Box 1450 Alexandria, VA 22313-1450 INSTRUCTIONS: Only an address associated with a Customer Number can be established as the fee address for maintenance fee purposes (hereafter, fee address). A fee address should be specified when the patentee would like correspondence related to maintenance fees to be mailed to a different address than the correspondence address for the application. If there is a Customer Number already associated with the fee address for the patent or allowed application, check the first box below and provide the Customer Number in the space provided. If there is no Customer Number associated with the fee address for the patent or allowed application, you must check the second box below and attach a Request for Customer Number form (PTO/SB/125). For more information on Customer Numbers, see the Manual of Patent Examining Procedure (MPEP) § 403. Please recognize as the "Fee Address" under the provisions of 37 CFR 1.363 the address associated with:  $\boxtimes$ Customer Number: 005487 ΩR Request for Customer Number (PTO/SB/125) attached hereto in the following listed application(s) for which the Issue Fee has been paid for patent(s). PATENT NUMBER APPLICATION NUMBER (if known) RE39.265 09/708.475 Completed by (check one): Applicant/Inventor /Balaram Gupta/ Signature Ø 40.009 Balaram Gupta, Reg. No. 40,009 Attorney or Agent of record (Reg. No.) Typed or printed name Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) 908-231-3364 Requester's telephone number Assignee recorded at Reel Frame May 6, 2009 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

This collection of information is required by 3T CFR 1.363. The information is required to obtain or retain a benefit by the public which is to file and by the USFTO to process) an application. Confidentiality is governed by 53 U.S. C.12 and 37 CFR 1.14. This collection is estimated to take 5 minutelling gathering, preparing, and submitting the completed application form to the USFTO. Time will vary depending upon the individual case. Any comments on the amount of time you are required to complete this form and offer suggestions for reducing this burden should be sent to the Chief Information Officer. U.S. Patient and amount of time you are required to complete this form and offer suggestions for reducing this burden should be sent to the Chief Information Officer. U.S. Patient and ADDRESS. SEND TO: Mail Stop M Correspondence, Commissioner for Patients, P.O. Box 1450, Alexandria, VA 22313-1450, PLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop M Correspondence, Commissioner for Patients, P.O. Box 1450, Alexandria, VA 22313-1450, PLETED FORMS TO THIS ADDRESS.

\*Total of